



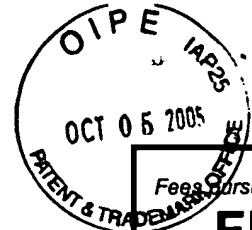
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/812,748	
	Filing Date	03/29/2004	
	First Named Inventor	Boydston, IV.	
	Group Art Unit	3612	
	Examiner Name	Gutman, Hillary L.	
Total Number of Pages in this Submission	16	Attorney Docket Number	TAL:3984.0023

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee transmittal form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing Related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of Cd(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures (identify below)
Remarks: Other enclosures: 1. Return Receipt Postcard		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	Chernoff, Vilhauer, McClung & Stenzel L.L.P.
Signature	
Date	October 3, 2005

CERTIFICATE OF TRANSMISSION/ MAILING			
I hereby certify that, on the date shown below, this correspondence is being :			
<input type="checkbox"/> facsimile transmitted to the USPTO or			
<input checked="" type="checkbox"/> deposited with the United States Postal Service in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450			
<input checked="" type="checkbox"/> with sufficient postage as first class mail			
<input type="checkbox"/> as "Express Mail Post Office to Addressee" - mailing label no. _____			
Type or print name	Timothy A. Long		
Signature		Date	October 3, 2005



Effective 12/08/2004

Fees pursuant to Consolidated Appropriations Act 2005 (HR 4818)

FEE TRANSMITTAL for FY 2005

Complete If Known

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37CFR 1.27	Application Number	10/812,748
TOTAL AMOUNT OF PAYMENT \$75	Filing Date	03/29/2004
	First Named Inventor	Boydston, IV.
	Examiner Name	Gutman, Hillary L.
	Art Unit	3612
	Attorney Docket No.	TAL:3984.0023

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number 03-1550 Deposit Account Name Chernoff, Vilhauer

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fees indicated below. ☐ Charge fee(s) indicated below, except for the filing fee.

☒ Charge any additional fee(s) or under payment of fees under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200	100
Multiple dependent claims	360	180

Total Claims 35 - 32 * = 3 **Extra Claims** x 25 = 75 **Fee (\$)** **Fee Paid (\$)**

*20 or highest number of total claims paid for, if greater than 20

Indep. Claims 3 ** = 0 **Extra Claims** x 100 = 0 **Fee (\$)** **Fee Paid (\$)**

** 3 or the highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ 250 (\$ 125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = **Extra Sheets** / 50 = 0 **Number of each additional 50 or fraction thereof** = 125 **Fee(\$)** **Fee Paid (\$)**

4. OTHER FEE(S)

Non-English Specification, \$ 130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No.	28,876	Telephone	(503) 227-5631
Name (print type)	Timothy A. Long	Date	October 3, 2005		

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SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Appl. No. : 10/812,748

Applicant : Boydstun IV

Filed : 03/29/2004

Title : VEHICLE TRANSPORTER WITH SCREW ACTUATORS

TC/A.U. : 3612

Examiner : Gutman, Hilary L.

Docket No. : TAL: 3984.0023

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office action of September 21, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

10/06/2005 HVUONG1 00000043 10812748

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